

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.	10/019/05	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/		/		/	
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50						
TOTAL IND.			1	1		
TOTAL DER.			11	11		
TOTAL CLAIMS			12	12		

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IND.	DER.	IND.	DER.	IND.	DER.
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99					
100					
TOTAL IND.					
TOTAL DER.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS